L22000517722

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

OPEN RAI SUBJECT:	NGE RANCH HAY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	BURNS, JOHN L				
		Name of Person			
	OPEN RANGE RANCH F	HAY LLC			
		Firm/Company			
	16583 NW 178TH AVE				
		Address	····		
	ALACHUA, FL 32615				
		City/State and Zip Code			
	openrangehayfl@gmail.com		·, <u>,,</u>		
		to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
BURNS, JOHN L		352 256-7810 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OPEN RANGE RANCH HAY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/09/2022 _____ and assigned Florida document number L22000517722 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OPEN RANGE HAY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	·		□Add
			
			□Change
			□Add
			□ Remove
			□ Change
			□Add
			□ Remove
			□Change
			
			□Remove
			□Change
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			□ Change

					
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Effective date, if other that (If an effective date is listed, the date is listed).	n the date of filing: _		ngu l oa	(optional)	40 F 40 OF 13
Note: If the date inserted in	the must be specific and car this block does not mee	nnot be prior to da t the applicable	e of filing or more than 90 statutory filing requires	days after filing.) Pursuant to nents, this date will not be	605.0207 (3)(listed as the
document's effective date on			······································		
the record specifies a delayed encord is filed.	Tective date, but not an	effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90th day a	ifter the
07/17		2022			
Dated		2023			
					_
	 Signature of a men 	nder of authorized	representative of a meml	ег	

Typed or printed name of signee